

United States Environmental Protection Agency Office of Drinking Water Washington, DC 20460  <b>EPA</b>  <b>UIC Federal Reporting System</b> <b>Part II: Compliance Evaluation</b>  (This information is solicited under the authority of the Safe Drinking Water Act)				I. Name and Address of Reporting Agency  Indiana Department of Natural Resources Division of Oil and Gas 402 W. Washington St., Rm. 293 Indianapolis, IN 46204								
II. Date Prepared (month, day, year)		III. State Contact (name, telephone no.)		IV. Reporting Period (month, day, year)								
1/9/2003		Jim AmRhein (317) 232-6961		From: 10/1/2002		To: 12/31/2002						
Item				Class and Type of Injection Wells								
						II						
					I	SWD 2D	ER 2R	HC 2H	III	IV	V	
	Total Wells	A	Number Wells with Violations			1	43					
V Summary of Violations	Total Violations	B	1. Number of Unauthorized Injection Violations			0	1					
			2. Number of mechanical Integrity Violations			1	20					
			3. Operations and Maintenance Violations			0	21					
			4. Number of plugging and Abandonment Violations			0	0					
			5. Monitoring and Reporting Violations			0	0					
			6. Number of Other Violations (Specify) wellsite identification			0	1					
VI Summary of Enforcement	Total Wells	A	Number of Wells with Enforcement Actions			2	61					
	Total Enforcement Actions	B	1. Number of Notices of Violation			1	25					
			2. Number of Consent Agreements			0	0					
			3. Number of Administrative Orders			1	36					
			4. Number of Civil Referrals			0	0					
			5. Number of Criminal Referrals			0	0					
			6. Number of Well Shut-Ins			0	0					
	For Fluid Migration	D	7. Number of Pipeline Severences			0	0					
8. Number of Other Enforcement Actions (Specify)					0	0						
VII Summary of Compliance	Number of Wells Returned to Compliance	A. This Quarter				1	10					
		B. This Year				5	10					
VIII Contamination	Number of Cases of Alleged Contamination of a USDW				0	0						
IX MIT Resolved	Percent of MIT Violations Resolved in 90 Days				0	56						
X Remarks/ Ad Hoc Report (Attach additional sheets)												
<b>Certification</b>												
I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.												
Signature and Typed or Printed Name and Title of Person Completing Form						Date		Telephone No.				
Jim AmRhein, Enforcement Manager						1/9/2003		(317) 232-4055				